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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No. **101101**	2. Exact name of the Corporation **CFN, INC.**		
3. Principal office address **1525 MINERAL SPRING AVE**	City **North Providence**	State **RI**	Zip **02911**
4. Business Phone No.	5. State of Incorporation **RHODE ISLAND**		
6. Brief description of the character of business conducted in Rhode Island **TO OPERATE A CONVENIENCE STORE; GASOLINE STATION AND CAR WASH**			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name **ANTHONY ZABATTA**			Vice-President Name **FRANK ZABATTA**		
Street Address **21 TIMBERLAND DRIVE**			Street Address **21 TIMBERLAND DRIVE**		
City **LINCOLN**	State **RI**	Zip **02865**	City **LINCOLN**	State **RI**	Zip **02865**
Secretary Name **ANTHONY ZABATTA**			Treasurer Name **ANTHONY ZABATTA**		
Street Address **21 TIMBERLAND DRIVE**			Street Address **21 TIMBERLAND DRIVE**		
City **LINCOLN**	State **RI**	Zip **02865**	City **LINCOLN**	State **RI**	Zip **02865**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name **ANTHONY ZABATTA**			Director Name		
Street Address **21 TIMBERLAND DRIVE**			Street Address		
City **LINCOLN**	State **RI**	Zip **02865**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	COMMON	NO PAR

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
File Date FEB 23 2012
Check No 13288
BY:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative — Date 2-17-12

ANTHONY ZABATTA
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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